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Fill in this information to identify your c		
United States Bankruptcy Court for the: DISTRICT OF MINNESOTA		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name		
Write the name that is government-issued p identification (for exampour driver's license of passport).	cture First Name nple,	Heidi First Name Marie Middle Name
	Gilbert	Gilbert
Bring your picture identification to your r with the trustee.	Last Name neeting Suffix (Sr., Jr., II, III)	Last Name Suffix (Sr., Jr., II, III)
2. All other names you have used in the las		Heidi First Name
years		Marie
Include your married maiden names.	Middle Name	Middle Name Mickelson
maiden names.	Last Name	Last Name
3. Only the last 4 digits your Social Security		<u>1</u> xxx - xx - <u>1</u> <u>6</u> <u>3</u> <u>4</u>
number or federal Individual Taxpayer	OR	OR
Identification number	9xx - xx	9xx - xx

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	btor 1 btor 2	Lonnie James Gilbert Heidi Marie Gilbert		Ca	se number (if known)	
			About Debtor 1:		About Debtor 2 (Sp	oouse Only in a Joint Case):
4.	and En	ousiness names imployer	☑ I have not used	any business names or EINs.	✓ I have not used	d any business names or EINs.
	(EIN) y	cation Numbers ou have used in t 8 years	Business name		Business name	
		ide trade names and g business as names	Business name		Business name	
	doing b		Business name		Business name	
			EIN		<u>EIN</u>	
					EIN	
5.	Where	you live			If Debtor 2 lives at	a different address:
			27731 Silverod St			
			Number Street	_	Number Street	-
			Isanti	MN 55040		
			City	State ZIP Code	City	State ZIP Code
			Isanti County		County	
			If your mailing addre the one above, fill it court will send any no mailing address.	in here. Note that the	from yours, fill it in	g address is different here. Note that the court s to you at this mailing
			Number Street		Number Street	
			P.O. Box		P.O. Box	
			City	State ZIP Code	City	State ZIP Code
6.		ou are choosing	Check one:		Check one:	
	bankru		<u></u>	O days before filing this ved in this district longer r district.	<u> </u>	80 days before filing this lived in this district longer er district.
			I have another re (See 28 U.S.C. §	•	I have another (See 28 U.S.C.	reason. Explain. § 1408.)
Р	art 2:	Tell the Court A	bout Your Bankrupt	cy Case		
7.	Bankru	apter of the		f description of each, see Notion (010)). Also, go to the top of page 100.		S.C. § 342(b) for Individuals Filing ppropriate box.
	are cho under	oosing to file	Chapter 7			
			Chapter 11			
			Chapter 12			
			Chapter 13			

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Debtor 1 Lonnie James Gilbert Heidi Marie Gilbert					Cas	se numbe	r (if known) _		
8.	How you will pay the fee		court for more pay with cash,	details about how cashier's check,	I file my petition. w you may pay. T or money order. with a credit card o	ypically, it If your att	f you are pay orney is subr	ing the fee yourse nitting your payme	elf, you may
			I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).						olication for
			By law, a judge than 150% of t ee in installme	e may, but is not the official povert ents). If you choo	ed (You may requirequired to, waive y line that applies ose this option, your 103B) and file it	your fee, to your fa ou must fil	and may do amily size and I out the Appl	so only if your inc d you are unable t	come is less to pay the
9.	Have you filed for bankruptcy within the	$\overline{\checkmark}$	No						
	last 8 years?		Yes.						
		Distri	ct			When		Case number _	
		Diour				MM	I / DD / YYYY	Case number _	
		Distri	ct			When	I / DD / YYYY	Case number _	
10.	Are any bankruptcy	M	No				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	cases pending or being filed by a spouse who is	_	Yes.						
	not filing this case with	Debte					Relationsh	in to you	
	you, or by a business partner, or by an affiliate?	Distri				When		Case number, _	
		Debte	or				Relationsh	ip to you	
		Distri	ct			When MM	I / DD / YYYY	Case number, _ if known	
11.	Do you rent your residence?		No. Go to lir Yes. Has you		ed an eviction jud	lgment ag	ainst you?		
			Ye		Statement About a		n Judgment /	Against You (Forn	n 101A)

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	tor 1 Lonnie James Gilbe tor 2 Heidi Marie Gilbert	ert			Case num	nber (if known)		
Pa	Report About Ar	ıy Bı	ısine	sses You Own as a	a Sole Proprietor			
12.	Are you a sole proprietor of any full- or part-time business?			Go to Part 4. Name and location of b	usiness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any Number Street				
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			Health Care Busin Single Asset Rea Stockbroker (as d	box to describe your business (as defined in 11 U.S Estate (as defined in 11 lefined in 11 U.S.C. § 101er (as defined in 11 U.S.C.	S.C. § 101(27A)) U.S.C. § 101(51B)) (53A))	ZIP Co	de
	Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>		set ap st recei	ppropriate deadlines. If you	the court must know whet you indicate that you are a lent of operations, cash-flut exist, follow the procedu	small business del ow statement, and f	btor, you ederal in	must attach your come tax return
	debtor?	abla	No.	I am not filing under Cl	napter 11.			
	For a definition of small business debtor, see		No.	I am filing under Chapt the Bankruptcy Code.	ter 11, but I am NOT a sm	all business debtor	accordin	g to the definition in
	11 U.S.C. § 101(51D).		Yes.	I am filing under Chapt Bankruptcy Code.	ter 11 and I am a small bu	siness debtor accor	rding to t	he definition in the
Pa	Report If You Ov	vn oı	Hav	e Any Hazardous F	Property or Any Prop	perty That Need	ds Imm	ediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable		No Yes.	What is the hazard?				
	hazard to public health or safety? Or do you own any property that needs immediate attention?			If immediate attention	is needed, why is it neede	d?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?	perishable goods, or ivestock that must be fed, or where is the a building that needs urgent		Where is the property?	Number Street			
					City		State	ZIP Code

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	otor 1 Lonnie Jan otor 2 Heidi Marie	nes Gilbert e Gilbert		Case number (if kno	own)	
Ρ	art 5: Explain	Your Efforts to Re	eceive a Briefing About Credi	t Counseling		
15.	Tell the court whether you have received a briefing about credit counseling.	counseling ager filed this bankru certificate of co	fing from an approved credit ncy within the 180 days before I uptcy petition, and I received a	You must check on I received a brid counseling age filed this bankru certificate of co	efing from an approved credit ncy within the 180 days before I uptcy petition, and I received a	
that brie coun you ban mus chee follo If you to fil If you the disn you wha you crec colle	The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices.	☐ I received a brie counseling ager filed this bankru a certificate of c	you developed with the agency. Ifing from an approved credit incy within the 180 days before I intropetition, but I do not have completion. Ifter you file this bankruptcy petition, copy of the certificate and payment	I received a brid counseling age filed this bankru a certificate of c	you developed with the agency. efing from an approved credit ncy within the 180 days before I uptcy petition, but I do not have completion. Ifter you file this bankruptcy petition, copy of the certificate and payment	
	If you cannot do so, you are not eligible to file. If you file anyway, the court can	services from an unable to obtain days after I mad	sked for credit counseling n approved agency, but was n those services during the 7 le my request, and exigent merit a 30-day temporary quirement.	I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.		
	dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.	To ask for a 30-d requirement, atta efforts you made were unable to ol	lay temporary waiver of the ich a separate sheet explaining what to obtain the briefing, why you btain it before you filed for what exigent circumstances			
		dissatisfied with	e dismissed if the court is your reasons for not receiving a ou filed for bankruptcy.			
		still receive a brid You must file a c along with a copy	isfied with your reasons, you must efing within 30 days after you file. ertificate from the approved agency, y of the payment plan you v. If you do not do so, your case d.			
		•	the 30-day deadline is granted only limited to a maximum of 15 days.	•	f the 30-day deadline is granted only limited to a maximum of 15 days.	
		☐ I am not require credit counselin	d to receive a briefing about	☐ I am not require credit counselir	ed to receive a briefing about	
			I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.	☐ Incapacity.		
		☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.	☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.	
		Active duty.	I am currently on active military duty in a military combat zone.	☐ Active duty	I am currently on active military duty in a military combat zone.	

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

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Debtor 1 Lonnie James Gilbe Debtor 2 Heidi Marie Gilbert		ert	Case number (if known)						
P	art 6:	Answer These Q	uest	ions for Report	ing Purpo	ses			
16.	What ki have?	nd of debts do you	16a		n individual p ne 16b.	nsumer debts? Consumer of rimarily for a personal, family		ure defined in 11 U.S.C. § 101(8) usehold purpose."	
			16b		ness or inves ne 16c.	siness debts? Business de tment or through the operation		e debts that you incurred to obtain e business or investment.	
			16c	. State the type of	debts you ow	e that are not consumer or b	usines	s debts.	
17.	Are you Chapte	ı filing under r 7?		No. I am not filin	ng under Cha	oter 7. Go to line 18.			
	any exe exclude adminis are paid availab	estimate that after empt property is ed and strative expenses d that funds will be le for distribution ecured creditors?	☑	•		•	-	xempt property is excluded and to distribute to unsecured creditors?	
18.		any creditors do imate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000	
19.		uch do you e your assets to th?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 millio	0	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20.		uch do you e your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 millio	○ 🗀	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	

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Debtor 1 Debtor 2	Lonnie James Gilbe Heidi Marie Gilbert	rt	Case number (if known)
Part 7:	Sign Below		
For you		I have examined this petition, and I declare under and correct.	er penalty of perjury that the information provided is true
		•	are that I may proceed, if eligible, under Chapter 7, 11, 12, and the relief available under each chapter, and I choose to
		If no attorney represents me and I did not pay or fill out this document, I have obtained and read to	agree to pay someone who is not an attorney to help me he notice required by 11 U.S.C. § 342(b).
		I request relief in accordance with the chapter of	title 11, United States Code, specified in this petition.
		•	ng property, or obtaining money or property by fraud in increase up to \$250,000, or imprisonment for up to 20 years,
		X /s/ Lonnie James Gilbert	X /s/ Heidi Marie Gilbert
		Lonnie James Gilbert, Debtor 1	Heidi Marie Gilbert, Debtor 2
		Executed on 07/16/2018	Executed on 07/16/2018

MM / DD / YYYY

MM / DD / YYYY

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Debtor 2	Heidi Marie Gilber	t	Case number	(if know	n)
For your a represente	ittorney, if you are ed by one	eligibility to proceed under C	(s) named in this petition, declare the chapter 7, 11, 12, or 13 of title 11, Ur chapter for which the person is eligible	ited Sta	ites Code, and have explained the
If you are not represented by an attorney, you do not need to file this page.			ired by 11 U.S.C. § 342(b) and, in a dge after an inquiry that the informat		
		X /s/ Andrew C. Walker		Date	07/16/2018
		Signature of Attorney for	Debtor		MM / DD / YYYY
		Andrew C. Walker			
		Printed name Walker & Walker Law	Offices PLLC		
		Firm Name	Offices, FLEC		
		4356 Nicollet Ave So			
		Number Street			
		Minneapolis	MN		55409
		City	Stat	е	ZIP Code
		Contact phone (612) 8	24-4357 Email address	·	
		0392525			_
		Bar number	Stat	e	

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Fill in this in	nformation to identi	fy your case and this filing:	i	
Debtor 1	Lonnie	James Gilbert		
		Middle Name Last Name		
Debtor 2		Marie Gilbert		
(Spouse, if filing	g) First Name N	Aiddle Name Last Name		
United States B	Bankruptcy Court for the: I	DISTRICT OF MINNESOTA		
Case number			☐ Check	if this is an
(if known)			amend	led filing
Official Forr	m 106A/B			
	VB: Property			12/15
filing together, k sheet to this for Part 1: D	ooth are equally respons m. On the top of any ad escribe Each Resid	Ik it fits best. Be as complete and accurate a ible for supplying correct information. If mo ditional pages, write your name and case numbers, Building, Land, or Other Real I uitable interest in any residence, building, la	re space is needed, attach a smber (if known). Answer eve	separate ery question.
✓ Yes. V	Where is the property?			
1.1. 27731 Silverod Street address, if av	J St ailable, or other description	What is the property? Check all that apply. ✓ Single-family home Duplex or multi-unit building	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim Current value of the	
Isanti	MN 55040	Condominium or cooperative Manufactured or mobile home	entire property? \$200,000.00	portion you own? \$200,000.00
City Isanti County	State ZIP Code	Land Investment property Timeshare Other	Describe the nature of yo interest (such as fee simple entireties, or a life estate)	ole, tenancy by the
•		Who has an interest in the property?	Fee Simple	
27731 Silveroo		Check one.		
*Value based 6 6/27/18	on a CMA conducted o	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anoth	(see instructions)	nunity property
		Other information you wish to add abo property identification number:	ut this item, such as local	_
		you own for all of your entries from Part 1, in I for Part 1. Write that number here		\$200,000.00
Part 2: D	escribe Your Vehicl	es		
-		table interest in any vehicles, whether they a ease a vehicle, also report it on Schedule G: Ex	_	-
3. Cars, vans,	trucks, tractors, sport u	tility vehicles, motorcycles		
□ No ☑ Yes				



To the following described Real Estate situated in

Isanti County, Minnesota, to-wit:

(1)

[All that part of the Southwest Quarter of Southeast Quarter (SW% of SE%) of Section Thirty-two (32), Township Thirty-five (35), Rang Twenty-four (24), described as follows, to-wit: Commencing on the South line of said SW% of SE%, a distance of 208 feet east of the Southwest corner thereof, thence north and parallel with the West line of said SW% of SE% a distance of 368 feet, thence east and parallel with the South line of said SW% of SE% a distance of 447 feet, thence south and paralle with the West line of said SW% of SE% a distance of 160 feet, thence wes and parallel with the South line of said SW% of SE% a distance of 267 feet thence south and parallel with the West line of aaid SW% of SE% a distance of 208 feet and to the South line of said SW% of SE%, thence we and along said South line to point of beginning and there to terminate).

Plat of Section 32, Township 35, Range 24. Lot 2

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	nie James Gilbert li Marie Gilbert	Cas	se number (if known)	
3.1. Make:	Ford	Who has an interest in the property? Check one.	Do not deduct secured clai amount of any secured cla	ms or exemptions. Put the ims on Schedule D:
Model:	F150	Debtor 1 only	Creditors Who Have Claim	s Secured by Property.
Year:	2007	Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Approximate milea	ge: 137,000	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		\$6,000.00
Other information:			Ψ0,000.00	Ψ0,000.00
2007 Ford F150 miles)	(approx. 137000	Check if this is community property (see instructions)		
3.2.	Pam	Who has an interest in the property? Check one.	Do not deduct secured clai amount of any secured cla	ms or exemptions. Put the
Make:	Ram	Debtor 1 only	Creditors Who Have Claim	
Model:	1500	Debtor 2 only	Current value of the	Current value of the
Year:	2016	Debtor 1 and Debtor 2 only	entire property?	portion you own?
Approximate milea	ge: 32,000	At least one of the debtors and another	\$0.00	\$0.00
Other information: Leased 2016 Ra	ım 1500	Check if this is community property (see instructions)		
3.3.		Who has an interest in the property?	Do not deduct secured clai	ms or exemptions. Put the
Make:	Yamaha	Check one.	amount of any secured cla	
Model:	PW 50	Debtor 1 only	Creditors Who Have Claim	
Year:	2017	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Approximate milea	ge:	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		\$1,400.00
Other information:		ь	<u> </u>	
2017 Yamaha P ¹ *Value based or	W 50 n purchase price	Check if this is community property (see instructions)		
		TVs and other recreational vehicles, other vehicles, other vehicles, materized the fishing vessels, snowmobiles, materials and the second seco		
4.1.	Cuantlinan	Who has an interest in the property? Check one.		ms or exemptions. Put the
Make:	Crestliner	Debtor 1 only	amount of any secured cla Creditors Who Have Claim	
Model:	Tiger Murry	Debtor 2 only	Current value of the	Current value of the
Year:	1969	Debtor 1 and Debtor 2 only	entire property?	portion you own?
Other information: 1969 Crestliner	Tigor Murry	At least one of the debtors and another	\$300.00	\$300.00
1303 Crestiller	riger wurry	Check if this is community property (see instructions)		
		ou own for all of your entries from Part 2, incl	_	\$7,700.00
entries for pa	ages you nave attached	for Part 2. Write that number here	7	
Part 3: De	scribe Your Person	al and Household Items		
Do you own or ha	ve any legal or equitable	e interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
_	oods and furnishings ajor appliances, furniture,	linens, china, kitchenware		
☐ No ☑ Yes. Des	cribe Household go	oods and furnishings		\$2,200.00

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Deb ^o		Lonnie Jam Heidi Marie		Case number (if known)	
7.	□ No	es: Televisions music colle		and digital equipment; computers, printers, scanners; g cell phones, cameras, media players, games	\$300.00
8.				her artwork; books, pictures, or other art objects; er collections, memorabilia, collectibles	
	Yes	. Describe			
9.				by equipment; bicycles, pool tables, golf clubs, skis; nstruments	
	✓ No ☐ Yes	. Describe			
10.			es, shotguns, ammunition, and rela	ted equipment	
	_	. Describe	Mossberg 12 gauge \$75 Ruger 9mm \$200		\$275.00
	Q 1.41		*value based on purchase pr	ice	
11.	:		clothes, furs, leather coats, designe	er wear, shoes, accessories	
	☐ No ✓ Yes	. Describe	Clothing and wearing appare	el	\$200.00
12.	Jewelry Example			ent rings, wedding rings, heirloom jewelry, watches, gems,	
	□ No ▼ Yes	. Describe	See continuation page(s).		\$2,475.00
13.		m animals es: Dogs, cats	s, birds, horses		
	□ No ☑ Yes	. Describe	Chickens \$10 Rabbits \$20		\$30.00
14.	Any oth	•	nd household items you did not a	already list, including any health aids you	
	_	. Give specific			
15.				including any entries for pages you have	\$5,480.00
Pa	art 4:	Describe	Your Financial Assets	-	

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

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	tor 1 Lonnie James G tor 2 Heidi Marie Gilbe		Case number (if known)	
16.	petition	in your wallet, in yo	our home, in a safe deposit box, and on hand when you file your	
	□ No ☑ Yes		Cash:	\$7.00
17.	Examples: Checking, saving	es, and other similar	al accounts; certificates of deposit; shares in credit unions, r institutions. If you have multiple accounts with the same	
	□ No ☑ Yes	Institution	n name:	
	17.1. Checking acco	unt: Checkir	ng account at Minnco CU #***78	\$38.00
	17.2. Checking acco	unt: Checkir	ng account at Flagship Bank	\$22.00
	17.3. Savings accou	nt: Savings	s account at Minnco CU #***78	\$56.00
	No Yes Non-publicly traded stock an interest in an LLC, parts No Yes. Give specific information about them	Institution or issuer and interests in interests in interesting, and joint was a subject of the	corporated and unincorporated businesses, including	
	✓ No Yes. Give specific information about them	Issuer name:	ot transfer to someone by signing or delivering them.	
21.	Examples: Interests in IRA, profit-sharing pla	ERISA, Keogh, 401	1(k), 403(b), thrift savings accounts, or other pension or	
	No✓ Yes. List each			
		ype of account:	Institution name:	
	Р	ension plan:	Pension plan with Laborers Union *Valued at anticipated monthly disbursement amount	\$1,400.00
	P	ension plan:	Pension plan with Finishers Union *K is not yet vested.	\$1.00

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	tor 1 tor 2	Lonnie James Gilbert Heidi Marie Gilbert	Case number (if k	nown)			
22.	Your sha		you have made so that you may continue service or use from a comords, prepaid rent, public utilities (electric, gas, water), telecommunications.				
	✓ No ☐ Yes		Institution name or individual:				
☑ No			ic periodic payment of money to you, either for life or for a number of	of years)			
24.	Interest	Issue s in an education IRA, in C. §§ 530(b)(1), 529A(b), a	an account in a qualified ABLE program, or under a qualified s	tate tuition pro	ogram.		
	☑ No		tion name and description. Separately file the records of any intere	sts. 11 U.S.C.	:. § 521(c)		
25.		equitable or future intere exercisable for your ben	ests in property (other than anything listed in line 1), and rights defit	or			
		. Give specific rmation about them					
26.			, trade secrets, and other intellectual property; s, websites, proceeds from royalties and licensing agreements				
	_						
27.		es, franchises, and other es: Building permits, exclu	general intangibles sive licenses, cooperative association holdings, liquor licenses, pro	fessional licen	nses		
	Yes	. Give specific rmation about them					
Mor	ney or pr	operty owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.		
28.	Tax refu	unds owed to you					
	□ No						
	abo	 Give specific information ut them, including whether already filed the returns 	•	Federa State:	\$1,503.00 \$142.00		
	and	the tax years	State: Anticipated 2018 pro rated state tax refund. Am \$140.00	t: Local:	\$0.00		
			State: 2017 property tax refund - in the process of bein filed. Amt: \$1.00	g			
			State: Anticipated pro rated 2018 property tax refund. Amt: \$1.00				

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	tor 1 tor 2	Lonnie James Gilbert Heidi Marie Gilbert	Case number (if known)	
29.	Examp	support les: Past due or lump sum alimony, spousal support, child support, n		erty settlement
	✓ No	s. Give specific information	Alimony:	
	ш .		Maintenance:	
			Support:	
			Divorce settlem	ent:
			Property settlen	nent:
30.	Examp			\$935.00
31.	Interes	s. Give specific information See continuation page(s). Its in insurance policies Ies: Health, disability, or life insurance; health savings account (HSA)) cradit hamaayyaarla ar rantarla ina	
	✓ No ☐ Yes		Beneficiary:	Surrender or refund value:
32.	If you a	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insural to receive property because someone has died	nce policy, or are currently	
	✓ No	s. Give specific information		
33.		against third parties, whether or not you have filed a lawsuit or les: Accidents, employment disputes, insurance claims, or rights to s		
	✓ No ☐ Yes	s. Describe each claim		
34.		contingent and unliquidated claims of every nature, including couto set off claims	unterclaims of the debtor and	
	✓ No Yes	s. Describe each claim		
35.	Any fin	nancial assets you did not already list		
	✓ No	s. Give specific information		
36.		e dollar value of all of your entries from Part 4, including any ent ed for Part 4. Write that number here		\$4,104.00
Pa	art 5:	Describe Any Business-Related Property You Own o	r Have an Interest In. List a	ny real estate in Part 1.
37.	Do you	ı own or have any legal or equitable interest in any business-rela	ted property?	
		. Go to Part 6. s. Go to line 38.		

Official Form 106A/B Schedule A/B: Property page 6

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	totor 1 Lonnie James Gilbert Heidi Marie Gilbert Case number (if known)	
		Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts receivable or commissions you already earned	
	✓ No ☐ Yes. Describe	
39.	Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones desks, chairs, electronic devices	,
	✓ No Yes. Describe	
40.	Machinery, fixtures, equipment, supplies you use in business, and tools of your trade	
	✓ No ☐ Yes. Describe	
41.	Inventory	
	✓ No ☐ Yes. Describe	
42.	Interests in partnerships or joint ventures	
	✓ No ☐ Yes. Describe Name of entity: % of owners.	hip:
43.	Customer lists, mailing lists, or other compilations	
	 No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe 	
44.	Any business-related property you did not already list	
	✓ No ☐ Yes. Give specific information.	
45.	Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here	→ \$0.00
P	art 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Half you own or have an interest in farmland, list it in Part 1.	ve an Interest In.
46.	Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?	,
	✓ No. Go to Part 7. ☐ Yes. Go to line 47.	
47	Farm animals	Current value of the portion you own? Do not deduct secured claims or exemptions.
41.	Examples: Livestock, poultry, farm-raised fish	
	☑ No	
	Yes	

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	tor 1 tor 2	Lonnie James Gilbert Heidi Marie Gilbert	Case nu	ımber (if known)		
48.	Crops	either growing or harvested				
	ш	. Give specific				
49.	Farm ar	nd fishing equipment, implements, machinery, fixtures	, and tools of trade			
	✓ No✓ Yes					
50.	Farm ar	nd fishing supplies, chemicals, and feed				
	✓ No ☐ Yes					
51.	Any far	m- and commercial fishing-related property you did no	t already list			
		. Give specific rmation				
52.		dollar value of all of your entries from Part 6, includin d for Part 6. Write that number here			\$0.00	
Pa	art 7:	Describe All Property You Own or Have an Ir	nterest in That You D	Did Not List Above	е	
53.	-	have other property of any kind you did not already lises: Season tickets, country club membership	t?			
	✓ No ☐ Yes	. Give specific information.				
54.	Add the	dollar value of all of your entries from Part 7. Write th	at number here		\$0.00	
Pa	art 8:	ist the Totals of Each Part of this Form				
55.	Part 1:	Fotal real estate, line 2		→	\$200,000.00	
56.	Part 2:	Total vehicles, line 5	\$7,700.00			
57.	Part 3:	Total personal and household items, line 15	\$5,480.00			
58.	Part 4:	Total financial assets, line 36	\$4,104.00			
59.	Part 5:	Total business-related property, line 45	\$0.00			
60.	Part 6:	Total farm- and fishing-related property, line 52	\$0.00			
61.	Part 7:	Total other property not listed, line 54	+ \$0.00			
62.	Total pe	ersonal property. Add lines 56 through 61	\$17,284.00	Copy personal property total	+\$17,284.00	
63.	Total of	all property on Schedule A/B. Add line 55 + line 62			\$217,284.00	

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Debtor 1 Debtor 2		Lonnie James Gilbert Heidi Marie Gilbert	Case number (if known)	
12.	Jewel	ry (details):		
	Enga Wedd	gement ring \$1,535 ling band \$790 exchanged at wedding ceremony. Value based on	receipt from purchase	\$2,325.00
	Ring		_	\$150.00
30.	Other	amounts someone owes you (details):		
	Earne	ed unpaid wages (net)	_	\$675.00
	Earne	ed unpaid wages (net)		\$260.00

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Fill in this info	ormation to i	dentify your case	:			
Debtor 1	Lonnie First Name	James Middle Name	Gilbert Last Name			
Debtor 2 (Spouse, if filing)	Heidi First Name	Marie Middle Name	Gilbert Last Name			
United States Bankruptcy Court for the: DISTRICT OF MINNESOTA						Check
Case number (if known)				-	_	amend

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming?	Check one only, e	even if your spouse is filin	g with you.
	You are claiming state and federal nonban You are claiming federal exemptions. 11 to	. , .	11 U.S.C. § 522(b)(3)	
2.	For any property you list on Schedule A/B th	at you claim as exen	npt, fill in the information	below.
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you exemption you claim own		Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
277	of description: 731 Silverod St E ATTACHED	\$200,000.00	\$83,027.00 100% of fair market value, up to any applicable statutory	Minn. Stat. §§ 510.01, 510.02
6/2	alue based on a CMA conducted on 7/18 e from <i>Schedule A/B</i> :1.1		limit	
201 'Va	of description: 17 Yamaha PW 50 Ilue based on purchase price of from Schedule A/B: 3.3	\$1,400.00	\$1,400.00 100% of fair market value, up to any applicable statutory limit	Minn. Stat. § 550.37(12)(a)

□ No □ Yes



To the following described Real Estate situated in

Isanti County, Minnesota, to-wit:

(1)

[All that part of the Southwest Quarter of Southeast Quarter (SW% of SE%) of Section Thirty-two (32), Township Thirty-five (35), Rang Twenty-four (24), described as follows, to-wit: Commencing on the South line of said SW% of SE%, a distance of 208 feet east of the Southwest corner thereof, thence north and parallel with the West line of said SW% of SE% a distance of 368 feet, thence east and parallel with the South line of said SW% of SE% a distance of 447 feet, thence south and paralle with the West line of said SW% of SE% a distance of 160 feet, thence wes and parallel with the South line of said SW% of SE% a distance of 267 feet thence south and parallel with the West line of aaid SW% of SE% a distance of 208 feet and to the South line of said SW% of SE%, thence we and along said South line to point of beginning and there to terminate).

Plat of Section 32, Township 35, Range 24. Lot 2

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Debtor 1 **Lonnie James Gilbert** Debtor 2 **Heidi Marie Gilbert** Case number (if known) Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property exemption you claim the portion you own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$2,200.00 \$2,200.00 Minn. Stat. § 550.37(4)(b) $\overline{\mathbf{Q}}$ Household goods and furnishings 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$300.00 \$100.00 Minn. Stat. § 550.37(4)(b) \checkmark Samsung Active S8 \$100 100% of fair market Samsung Edge S7 \$100 value, up to any Vizio 55" TV \$100 applicable statutory limit Line from Schedule A/B: 7 Brief description: \$200.00 $\overline{\mathbf{A}}$ \$200.00 Minn. Stat. § 550.37(4)(a) Clothing and wearing apparel 100% of fair market value, up to any Line from Schedule A/B: 11 applicable statutory limit Brief description: \$2,325.00 \$2,325.00 Minn. Stat. § 550.37(4)(c) $\overline{\mathbf{V}}$ Engagement ring \$1,535 100% of fair market Wedding band \$790 value, up to any *Both exchanged at wedding ceremony. applicable statutory limit Value based on receipt from purchase Line from Schedule A/B: 12 Brief description: \$38.00 \$29.00 Min. Stat. § 571.921, 922, 550.37 $\overline{\mathbf{A}}$ Checking account at Minnco CU #***78 100% of fair market (13)value, up to any Line from Schedule A/B: 17.1 applicable statutory limit Brief description: \$56.00 Min. Stat. § 571.921, 922, 550.37 \$42.00 $\overline{\mathbf{Q}}$ Savings account at Minnco CU #***78 100% of fair market (13)value, up to any Line from Schedule A/B: 17.3 applicable statutory limit Brief description: \$22.00 \$17.00 Min. Stat. § 571.921, 922, 550.37 ablaChecking account at Flagship Bank 100% of fair market value, up to any Line from Schedule A/B: 17.2 applicable statutory limit Brief description: \$1,400.00 \$1,400.00 11 U.S.C. § 522(b)(3)(C) $\overline{\mathbf{V}}$ Pension plan with Laborers Union 100% of fair market *Valued at anticipated monthly value, up to any disbursement amount applicable statutory (1st exemption claimed for this asset) limit Line from Schedule A/B: 21

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Debtor 1 **Lonnie James Gilbert** Debtor 2 **Heidi Marie Gilbert** Case number (if known) Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$1,400.00 \$0.00 11 U.S.C. 541(c)(2) $\overline{\mathbf{Q}}$ Pension plan with Laborers Union 100% of fair market *Valued at anticipated monthly value, up to any applicable statutory disbursement amount limit (2nd exemption claimed for this asset) Line from Schedule A/B: 21 Brief description: \$1.00 \$1.00 11 U.S.C. § 522(b)(3)(C) ablaPension plan with Finishers Union 100% of fair market *K is not yet vested. value, up to any (1st exemption claimed for this asset) applicable statutory limit Line from Schedule A/B: 21 Brief description: \$1.00 11 U.S.C. 541(c)(2) $oldsymbol{
abla}$ \$0.00 Pension plan with Finishers Union 100% of fair market *K is not yet vested. value, up to any (2nd exemption claimed for this asset) applicable statutory limit Line from Schedule A/B: 21 Brief description: \$675.00 Min. Stat. § 571.921, 922, 550.37 $\overline{\mathbf{A}}$ \$506.00 Earned unpaid wages (net) 100% of fair market (13)value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$260.00 \$194.00 Min. Stat. § 571.921, 922, 550.37 $\overline{\mathbf{Q}}$ Earned unpaid wages (net) 100% of fair market (13)value, up to any Line from Schedule A/B: 30 applicable statutory limit

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Debtor 1	ormation to identify Lonnie J	y your case:	Gilbert			
	First Name M	iddle Name	Last Name			
Debtor 2		arie	Gilbert			
(Spouse, if filing)	First Name M	iddle Name	Last Name			
United States Bar	nkruptcy Court for the: D	ISTRICT OF MIN	INESOTA			
Case number					☐ Check if this is	an
(if known)					amended filing	
Official Form	106D					
Schedule D:	Creditors Who	Have Claim	s Secured by	Property		12/15
Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims						
claim, list the c	ed claims. If a creditor had creditor separately for ear particular claim, list the dible, list the claims in alpee.	ch claim. If more to other creditors in P	than one art 2. As	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the pro		\$116,973.00	\$200,000.00	
Carrington Mort	gage Services	27731 Silveroc				
Creditor's name PO Box 3489						
Number Street		•				
Check if this c	ebtor 2 only the debtors and another laim relates by debt	Contingent Unliquidated Disputed Nature of lien. An agreemer Statutory lien Judgment lie Other (includ Mortgage	n (such as tax lien, me n from a lawsuit ing a right to offset)	mortgage or secured	car loan)	
Date debt was inc	urred	_ Last 4 digits of a	account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$116,973.00

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Debtor 1 Lonnie James Gilbert Debtor 2 Heidi Marie Gilbert			Case number (if known)			
Part 1:	Additional Page After listing any entries on sequentially from the previous		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
Minnco Credit Union Creditor's name 235 W First Avenue Number Street		Describe the property that secures the claim: 2007 Ford F150 (approx. 137000 miles)	\$8,957.00	\$6,000.00	\$2,957.00	
Debtor Debtor Debtor At least Check	State ZIP Code the debt? Check one. 1 only	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, medical Judgment lien from a lawsuit) Other (including a right to offset) Purchase Money	mortgage or secured	car loan)		
Date debt v	vas incurred	Last 4 digits of account number				

Add the dollar value of your entries in Column A on this page. Write that number here:

\$8,957.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$125,930.00

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Fill in this inf	ormation to i	dentify your c	ase:			
Debtor 1	Lonnie	James	Gilbert			
	First Name	Middle Name	Last Name			
Debtor 2	Heidi	Marie	Gilbert			
(Spouse, if filing)		Middle Name	Last Name			
United States Bar	nkruptcy Court fo	or the: DISTRICT	OF MINNESOTA			
Case number				_		
(if known)					Check if this is amended filing	
Official Form	106E/F					
Schedule E/	F: Credito	s Who Have	e Unsecured Claims			12/15
on Schedule A/B: Do not include an If more space is n to this page. On t	Property (Officing creditors with seeded, copy the check the top of any action in the copy the copy the copy the copy the copy of any action in the copy the copy of any action in the copy of action in the	al Form 106A/B) a partially secured Part you need, fi Iditional pages, w	acts or unexpired leases that countries on Schedule G: Executory Countries that are listed in Schedule II it out, number the entries in the rrite your name and case number secured Claims	ontracts and Unexpire le D: Creditors Who Ho e boxes on the left. At	d Leases (Offici old Claims Secບ	ial Form 106G). ured by Property.
		y unsecured clair	ns against you?			
☑ No. Go t	to Part 2.					
Yes.						
claim. For ear show both price more space is	ch claim listed, id ority and nonprior	lentify what type of ity amounts. As m ity unsecured clair	creditor has more than one priority f claim it is. If a claim has both prionuch as possible, list the claims in ans, fill out the Continuation Page of	rity and nonpriority amo alphabetical order accor	ounts, list that clanding to the credi	aim here and itor's name. If
(For an explar	nation of each typ	e of claim, see the	e instructions for this form in the ins	truction booklet.		
				Total claim	Priority amount	Nonpriority amount
2.1						
Drie vite Creditorie Nove			Last 4 digits of account number			
Priority Creditor's Nam	ie		When was the debt incurred?			
Number Street			This was the assumed to a		-	
			As of the date you file, the claim	is: Check all that app	ly.	
			Contingent Unliquidated			
			Disputed			
City	State Charle	ZIP Code	ы .			
Who incurred the Debtor 1 only	debt? Check	one.	Type of PRIORITY unsecured cl	aim:		
Debtor 2 only			Domestic support obligations Taxes and certain other debts	vou owe the governme	ent	
Debtor 1 and D			Claims for death or personal i	,		
ш	the debtors and		intoxicated			
ш	claim is for a co	mmunity debt	Other. Specify			
Is the claim subjection No	ct to onset?					
☐ Yes						

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Debtor 1 Debtor 2	Lonnie James Gilbert Heidi Marie Gilbert	Case number (if known)
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims
4. List all If a cree type of	es I of your nonpriority unsecured claims editor has more than one nonpriority unser claim it is. Do not list claims already incl	claims against you? Submit this form to the court with your other schedules. in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what uded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2. Total claim
Number PO Box 1	reditor's Name ndence Addr Street	\$2,800.00 Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed
Debtor Debtor Debtor At least Check		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Consumer debt
Nonpriority Cr 6160 Sum	Receiveable Services editor's Name mit Dr Street	\$7,551.00 Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Unliquidated Disputed
☐ Debtor ☐ Debtor ☐ Debtor ☐ At least ☐ Check	State ZIP Code ed the debt? Check one. 1 only	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Notice Only

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Debtor 1 Lonnie James Gilbert Debtor 2 Heidi Marie Gilbert	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the	m sequentially from the	Total claim
previous page.		i otai oiaiiii
4.3	Land A district of a constitution	\$4,025.00
Allina Health Nonpriority Creditor's Name	Last 4 digits of account number When was the debt incurred?	
P.O. Box 77008 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Minneapolis MN 55480-7708		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?		
☑ No □ Yes		
4.4		\$2,481.00
Amazon/Synchrony Bank	Last 4 digits of account number	
Nonpriority Creditor's Name Attn Bankrutpcy Dept	When was the debt incurred?	
Number Street PO Box 103104	As of the date you file, the claim is: Check all that apply.	
10 Box 100104	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
Roswell GA 30076	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
☐ Debtor 1 only ☐ Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Consumer debt	
Is the claim subject to offset? ✓ No		
Yes		
4.5		¢4 coc oo
Ashley Furniture/Synchrony	Last 4 digits of account number	\$1,696.00
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 965061 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Orlando FL 32896-5061		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?		
No You		
Yes		

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Debtor 1 Lonnie James Gilbert Debtor 2 Heidi Marie Gilbert	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.6		\$1,001.00
Best Buy Credit Services	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 790441	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
St Louis MO 63179 0441	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	Consumer debt	
Is the claim subject to offset?		
☑ No □ Yes		
Yes		
4.7		\$3,447.00
Capital One Bankruptcy	Last 4 digits of account number	40,111100
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 30285 Number Street	As of the date you file, the claim is: Check all that apply.	
Salt Lake City UT 84130 3285	_ ☐ Contingent	
	Unliquidated	
	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
—	☑ Other. Specify	
Check if this claim is for a community debt	Consumer debt	
Is the claim subject to offset? ✓ No		
☐ Yes		
4.8		\$2,468.00
Carecredit	Last 4 digits of account number	
Nonpriority Creditor's Name 2995 Red Hill Avenue	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Costa Mesa CA 92626-5984	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Consumer debt	
Is the claim subject to offset?		
✓ No		
Yes		

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Debtor 1 Lonnie James Gilbert Debtor 2 Heidi Marie Gilbert	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.9		\$2,438.00
Chase	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 15298	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Wilmington DE 19850 5123	Contingent Unliquidated	
	□ Disputed	
City State ZIP Code	Turns of MONDRIGHTY unaccounted also inve	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Consumer debt	
Is the claim subject to offset?		
No Vos		
Yes		
4.10		\$1,899.00
Chase	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 15298	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Wilmington DE 19850 5123	_ ☐ Contingent ☐ Unliquidated	
	□ Disputed	
City State ZIP Code	Turns of NONDRIORITY unreserved eleiter	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Consumer debt	
Is the claim subject to offset?		
☑ No □ Yes		
4.11		\$800.00
Children's Hospitals and Clinics	Last 4 digits of account number	
Nonpriority Creditor's Name 2550 University Avenue West 143N	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	Disputed	
St Paul MN 55114 City State ZIP Code	Type of NONERIORITY unsecured claim:	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	medical care	
Is the claim subject to offset?		
☑ No □ Yes		

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Debtor 1 Lonnie James Gilbert Debtor 2 Heidi Marie Gilbert	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.12		\$4,630.00
Citi Cards	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 6097 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Sioux Falls SD 57117	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
Check if this claim is for a community debt	Consumer debt	
Is the claim subject to offset?		
☑ No ☐ Yes		
4.13		\$165.00
Eppa	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
5435 FeltI Road Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Minnetonka MN 55343	─ ☐ Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Medical services	
Is the claim subject to offset?		
☑ No		
Yes		
4.14		\$9,634.00
Fairview Health Services	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 9372 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Minneapolis MN 55440	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	✓ Other. Specify Medical services	
Is the claim subject to offset?		
☑ No		
☐ Yes		

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Debtor 1 Lonnie James Gilbert Debtor 2 Heidi Marie Gilbert	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.15		\$30,036.00
FedLoan Servicing	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 69184	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Harrisburg PA 17106	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	✓ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Cities. Opening	
Is the claim subject to offset?		
☑ No		
Yes		
4.16		•
4.16		\$37.00
Gordon U Fredeen DDS Nonpriority Creditor's Name	Last 4 digits of account number	
401 Dual Blvd E PO Box 310	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Isanti MN 55040	─ ☐ Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	✓ Other. Specify Medical services	
Is the claim subject to offset?	inidalidal del video	
✓ No		
Yes		
447		
4.17		\$1,514.00
Home Depot Credit Services	Last 4 digits of account number	
Nonpriority Creditor's Name P O Box 790328	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
St. Louis MO 63179	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
□ 5 4. 15 5	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	Consumer west	
No		
Yes		

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Debtor 1 Debtor 2	Lonnie James Gilbert Heidi Marie Gilbert	Case number (if known)	
Part 2:	Vour NONDDIODITY Uncocu	red Claims Continuation Page	
	ng any entries on this page, number the		Total claim
4.18			\$678.00
Kohl's		Last 4 digits of account number	
Nonpriority C	Creditor's Name	When was the debt incurred?	
Number	Street	As of the date you file, the claim is: Check all that apply.	
Milwauke	ee WI 53201 3043	☐ Contingent☐ Unliquidated☐ Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? Check one.	Student loans	
ш	r 1 only r 2 only	Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At leas	st one of the debtors and another	☐ Debts to periode or profit straining plans, and other similar debts ☐ Other. Specify	
☐ Check	if this claim is for a community debt	Consumer debt	
	m subject to offset?		
✓ No ☐ Yes			
4.19			\$569.00
	Credit Union	Last 4 digits of account number	
	Creditor's Name rst Avenue	When was the debt incurred?	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		_ ☐ Contingent ☐ Unliquidated	
		— ☐ Disputed	
Cambridg	ge MN 55008 State ZIP Code	— Taras of NONDRIORITY and a second of the	
,	red the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	1 only	☐ Obligations arising out of a separation agreement or divorce	
	^r 2 only ^r 1 and Debtor 2 only	that you did not report as priority claims	
ш	st one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
ш	if this claim is for a community debt		
ш	m subject to offset?	Consumor dest	
✓ No	•		
Yes			

Overdraft

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Debtor 1 Lonnie James Gilbert Debtor 2 Heidi Marie Gilbert Case number (if known)		
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.20		\$3,477.00
Minnco Credit Union	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
235 W First Avenue Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Cambridge MN 55008	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Consumer debt	
Is the claim subject to offset?		
☑ No		
Yes		
4.21		40 557 00
	Lock A divide of account wombon	\$2,557.00
Old Navy/SYNCB Nonpriority Creditor's Name	Last 4 digits of account number	
PO Box 530993	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
	— ☐ Disputed	
Atlanta GA 30353-0993		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations original out of a constation agreement or diverse	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Consumer debt	
Is the claim subject to offset?		
☑ No □ Yes		
Yes		
4.22		\$157.00
Suburban Radiologic Consultants	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
4801 W 81st Street Ste 108 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	Contingent	
	Unliquidated	
Minneapolis MN 55437-1191	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	✓ Other. Specify	
	Medical services	
Is the claim subject to offset? ✓ No		
▼ Yes		

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Debtor 1 Lonnie James Gilbert Debtor 2 Heidi Marie Gilbert	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.23		\$0.00
Synchrony Bank	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 965061 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Orlando FL 32896-5061	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ✓ Debtor 1 only	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☐ Debts to periston of profit sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Consumer debt	
Is the claim subject to offset?		
☑ No		
Yes		
4.24		¢4 924 00
	Last 4 digits of account number	\$1,824.00
Target Card Services Nonpriority Creditor's Name		
P.O. Box 660170	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated ☐ Uniquidated ☐ Contingent	
	— ☐ Disputed	
Dallas TX 75266 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Consumer debt	
Is the claim subject to offset?		
☑ No □ Yes		
4.25		\$1,566.00
Venus	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 659450 Number Street	As of the date you file, the claim is: Check all that apply.	
San Antonio, TX 78265 9450	_ Contingent	
	Unliquidated	
	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Consumer debt	
Is the claim subject to offset?	Consumer dept	
No		
Yes		

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After listing any entries on this page, number them sequentially from the provious page. 4.25 Watmart Credit Card/Synchrony Bank Number in S2,906.00 Watmart Credit Card/Synchrony Bank Number S2,906.00 When was the debt incurred? Ath Bankruptcy Dept And Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 on	Debtor 1 Lonnie James Gilbert Heidi Marie Gilbert	Case number (if known)	
A 28 A 28 A 28 A 29 A 28 A 29 A 28 A 29 A 29 A 28 A 29	Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
Last 4 digits of account number		number them sequentially from the	
Walmart Credit Card/Synchrony Bank Last 4 digits of account number Noncomment Sense PO Box 965060	4.26		\$2,906.00
Atin Bankruptcy Dept No Contingent		Last 4 digits of account number	
As of the date you file, the claim is: Check all that apply. Contingent		When was the debt incurred?	
Orlando FL 32896 Disputed Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 4 only Debtor 1 and Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 and Debtor 9 only Debtor 1 and Debtor 9 only Debtor 1 only	Number Street	As of the date you file, the claim is: Check all that apply.	
Delayed Disputed	PO BOX 965060		
State			
Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 3 and onther Debtor 2 only Debtor 1 and Debtor 3 and onther Debtor 3 and onther Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 and onther Debtor 3 and De		Type of NONDDIODITY upgequired eleims	
Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and Debtor 4 and Debtor 4 and Debtor 5 and another Debtor 5 and another Debtor 5 and another Debtor 5 and 3 subject to offset? Consumer debt Debtor 6 and 5 subject 6 offset? Consumer debt Debtor 6 and 5 subject 7 subject 8 Debtor 8 subject 8 Debtor 9 subject 9 subject 8 Debtor 9 subject 9 subjec	•		
Debtor 1 and Debtor 2 only	_		
Check if this claim is for a community debt is the claim subject to offset? Check if this claim is for a community debt is the claim subject to offset? Consumer debt Consumer debt			
Check if this claim is for a community debt is the claim subject to offset? Ves	—		
Is the claim subject to offset? Norpitority Creditor's Name Vest			
Mells Fargo Card Services Last 4 digits of account number PO Box 1034 PO Box 1035 PO Box 1		Consumer debt	
Ves			
Wells Fargo Card Services Last 4 digits of account number PO Box 10347 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed PO Box 10306 0347 Unliquidated Disputed Disputed Po Box 10306 0347 Po Box 10			
Wells Fargo Card Services Last 4 digits of account number PO Box 10347 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed PO Box 10306 0347 Unliquidated Disputed Disputed Po Box 10306 0347 Po Box 10	4 27		# C04.00
Nonpriority Creditor's Name PO Box 130347 Number Street		Last 4 digits of account number	\$684.00
As of the date you file, the claim is: Check all that apply.			
Des Moines IA 50306 0347 Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes 4.28 Wells Fargo Educational Services Norporority Creditor's Name PO Box 5185 Number Street Number Street Stoute Tireet Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only State ZiP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Last 4 digits of account number Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Check if this claim is for a community debt is the claim subject to offset? No No Contingent Unliquidated Disputed \$2,657.00 \$2,657.00 \$2,657.00 \$3,657.00 \$4 digits of account number Who was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Coher. Specify			
Unliquidated Disputed Disp		• • • • • • • • • • • • • • • • • • • •	
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Who mover Street Sioux Falls Sioux F			
Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes 4.28 ■ 5.2,657.00 ■ Mells Fargo Educational Services ■ Nonpriority Creditor's Name ■ PO Box 5185 ■ Number ■ Street ■ As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No		Disputed	
Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt is the claim subject to offset? □ No □ Yes □ Ves □ Ves □ Ves □ Ves □ Street □ Check if this claim is for a community debt is the claim subject to offset? □ No □ Yes □ Nonpriority Creditor's Name PO Box 5185 Number Street □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt is the claim subject to offset? □ No □ No □ Yes □ Ves	City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Debtor 2 only			
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Wells Fargo Educational Services Nonpriority Creditor's Name PO Box 5185 Number Street Sioux Falls Sioux Falls Sioux Falls Sioux Falls City Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Who is the claim subject to offset? Nound the debt pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt Sioux Falls Check one. Debtor 1 only Check if this claim is for a community debt Sioux Falls Check	H. S	Obligations arising out of a separation agreement or divorce	
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes 4.28 Sepecify Consumer debt \$2,657.00 Wells Fargo Educational Services Nonpriority Creditor's Name PO Box 5185 Number Street Sinua SD 57117-5185 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No No No No No No No No No No No No		• • • •	
Check if this claim is for a community debt Is the claim subject to offset? No Yes 4.28 \$2,657.00 Wells Fargo Educational Services Nonpriority Creditor's Name PO Box 5185 Number Street Sincet Sincet Sizet ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Consumer debt	=		
Is the claim subject to offset? No	Check if this claim is for a community debt		
## Street \$2,657.00 ## Wells Fargo Educational Services Last 4 digits of account number ## Nonpriority Creditor's Name When was the debt incurred? ## Number Street When was the debt incurred? ## As of the date you file, the claim is: Check all that apply. ## Contingent Unliquidated ## Unliquidated ## Disputed ## Type of NONPRIORITY unsecured claim: ## Student loans ## Debtor 1 only ## Debtor 2 only ## Debtor 2 only ## Debtor 1 and Debtor 2 only ## Debtor 1 and Debtor 2 only ## Debtor 2 only ## Debtor 3 and Debtor 2 only ## Debtor 4 the debtors and another ## Check if this claim is for a community debt ## Student loans ## Obligations arising out of a separation agreement or divorce that you did not report as priority claims ## Debtor 2 only ## Debtor 3 and Debtor 2 only ## Debtor 4 the debtors and another ## Other Specify ## Other Specifical Provided Header ## Other Specifical			
## Street			
Wells Fargo Educational Services Nonpriority Creditor's Name PO Box 5185 Number Street Sioux Falls Sioux Falls City State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Newho incurred the dest incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	Yes		
Wells Fargo Educational Services Nonpriority Creditor's Name PO Box 5185 Number Street Sioux Falls City State Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	4.28		\$2,657,00
Nonpriority Creditor's Name PO Box 5185 Number Street Sioux Falls City State ZIP Code Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? New Men was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	Wells Fargo Educational Services	Last 4 digits of account number	
As of the date you file, the claim is: Check all that apply.	Nonpriority Creditor's Name		
Sioux Falls SD 57117-5185 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify			
Sioux Falls Sioux			
Sioux Falls SD 57117-5185 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify			
City State ZIP Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Other. Specify	Sioux Falls SD 57117-5185	Disputed	
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No	City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify			
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No			
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No			
☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No	=		
☑ No	☐ Check if this claim is for a community debt		

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Debtor 1 Debtor 2	Lonnie James Gilbert Heidi Marie Gilbert	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin previous p	g any entries on this page, number the age.	m sequentially from the	Total claim
4.29			\$1,339.00
	Financing/GE Capital Retail Bank	Last 4 digits of account number	
Nonpriority C PO Box 6	reditor's Name	When was the debt incurred?	
Number	Street	As of the date you file, the claim is: Check all that apply.	
Rapid City SD 57709 6153	_ Contingent		
		Unliquidated	
		Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? Check one.	Student loans	
✓ Debtor □ Debtor	•	Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2 only	that you did not report as priority claims	
At leas	t one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check	if this claim is for a community debt	Consumer debt	
Is the clair	n subject to offset?		
☑ No	-		
Yes			

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Debtor 2	Heidi Marie Gilbe	ert	Case number (if known)
Part 3:	List Others to	Be Notified Ab	out a Debt That You Already Listed
For ex credito debts	ample, if a collection or in Parts 1 or 2, the	n agency is trying to en list the collection rts 1 or 2, list the a	otified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. so collect from you for a debt you owe to someone else, list the original n agency here. Similarly, if you have more than one creditor for any of the dditional creditors here. If you do not have additional parties to be notified for bmit this page.
	Recoveries		On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 29	9227		Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured Claims
Minneapo City	lis MI Sta		Last 4 digits of account number
	Recoveries		On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 29	9227		Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
	Street		Part 2: Creditors with Nonpriority Unsecured Claims
Minneapo City	lis MN		Last 4 digits of account number
RevSolve	Inc		On which entry in Part 1 or Part 2 did you list the original creditor?
Name MSC #600			Line 4.14 of <i>(Check one):</i> Part 1: Creditors with Priority Unsecured Claims
	Street		Part 2: Creditors with Nonpriority Unsecured Claims
			—— Last 4 digits of account number
Phoenix City	AZ Sta		
	Law Office PLLC		On which entry in Part 1 or Part 2 did you list the original creditor?
	nton DR, Ste 209		Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number PO Box 57	Street 70		Part 2: Creditors with Nonpriority Unsecured Claims
Sauk Rapi	ids Mi	N 56379	— Last 4 digits of account number
City	Sta	te ZIP Code	

Debtor 1

Lonnie James Gilbert

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Debtor 1 Debtor 2	Lonnie James Gilbert Heidi Marie Gilbert	Case number (if known)	
Part 4:	Add the Amounts for Each Type of Unsecured Claim		

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims	6a.	Domestic support obligations	6a.	\$0.00
nom runt r	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	^{6d.} -	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$32,693.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	^{6i.} -	\$62,343.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$95,036.00

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Fill in this inf	ormation to i	dentify your case:			
Debtor 1	Lonnie	James	Gilbert		
2 02.0.	First Name	Middle Name	Last Name		
Debtor 2	Heidi	Marie	Gilbert		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court fo	r the: DISTRICT OF MIN	INESOTA		
Case number				- Check if this is an	
(if known)				amended filing	
Off: a: a!	1000				
Official Form					
Schedule G:	: Executory	Contracts and l	Jnexpired	Leases	12/15
On the top of any	additional page	e is needed, copy the add s, write your name and ca contracts or unexpired lea	ase number (if I	ll it out, number the entries, and attach it to this page. (nown).	
•	•	•		chedules. You have nothing else to report on this form.	
ш			•	s are listed on <i>Schedule A/B: Property</i> (Official Form 106A/B).	
2. List separate is for (for exa	ly each person o	or company with whom y cle lease, cell phone). Se	ou have the co	ntract or lease. Then state what each contract or lease is for this form in the instruction booklet for more examples of	
Person or	company with	whom you have the contr	act or lease	State what the contract or lease is for	
	Auto Ioan			Leased 2016 Ram 1500	
Name PO Box 2	2188			Contract to be ASSUMED	
	Street			_	

WI State **54903** ZIP Code

Oshkosh City

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Fill in this information to identify your case:
Debtor 1 Lonnie James Gilbert First Name Middle Name Last Name
Debtor 2 Heidi Marie Gilbert
(Spouse, if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: DISTRICT OF MINNESOTA
Case number (if known)

Official Form 106H

✓ No ☐ Yes

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

	include Arizona, California, Idaho, Louisiana, Nevada, New I	Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
	No. Go to line 3.	
	Yes. Did your spouse, former spouse, or legal equivale	ent live with you at the time?
	□ No □ Yes	
3.	person shown in line 2 again as a codebtor only if that p	our spouse as a codebtor if your spouse is filing with you. List the person is a guarantor or cosigner. Make sure you have listed the E/F (Official Form 106G). Use Jumn 2.
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories

Official Form 106H Schedule H: Your Codebtors page 1

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Fill in this inform	mation to identify	y your case:				
Debtor 1	Lonnie	James	Gilbert			
	First Name	Middle Name	Last Name	(Che	ck if this is:
Debtor 2	Heidi	Marie	Gilbert	١,	_	An amended filing
(Spouse, if filing)	First Name	Middle Name	Last Name	L	Ш	An amended ming
United States Bank	cruptcy Court for the:	DISTRICT OF MINNESOTA		[A supplement showing postpetition chapter 13 income as of the following date
Case number						onaptor to mooning according to
(if known)						MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Describ	e Employmen	۱+

1.	Fill in your employment information.		Debte	or 1			Dek	btor 2 or non-filir	ng spou	se
	If you have more than one job, attach a separate page with information about	Employment status		Employed Not employed			☑	Employed Not employed		
	additional employers.	Occupation	Fore	man			Tea	acher		
	Include part-time, seasonal, or self-employed work.	Employer's name	Thor	nas & Sons C	Constru	ıction	Kra	ayola Childcare	e Cente	r
	Occupation may include student or homemaker, if it applies.	Employer's address	Numb	er Street			Nun	nber Street		
			City		State	Zip Code	-		State	Zip Code
		How long employed th	nere?	16 years				5 years		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

Car Dabter 4

Far Dahtar 2 ar

			—————	non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$5,433.00	\$1,979.00
3.	Estimate and list monthly overtime pay.	3. +	\$0.00	\$0.00
4.	Calculate gross income. Add line 2 + line 3.	4.	\$5,433.00	\$1,979.00

Official Form 106l Schedule I: Your Income page 1

Debto Debto			Case nun	nber (if known)	
			For Debtor 1	For Debtor 2 or non-filing spouse	_
(Copy line 4 here	4.	\$5,433.00	\$1,979.00	
	ist all payroll deductions:			*	
	5a. Tax, Medicare, and Social Security deductions	5a.	\$1,448.00	\$212.00	
;	b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
;	c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
	5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
	ie. Insurance	5e.	\$548.00	\$0.00	
	6f. Domestic support obligations	5f.	\$0.00	\$0.00	
	ig. Union dues	5g.	<u>\$0.00</u>	\$0.00	
,	Sh. Other deductions. Specify:	5h. +	\$0.00	\$0.00	
	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$1,996.00	\$212.00	
7. (Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,437.00	\$1,767.00	
	ist all other income regularly received:				
8	Ba. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00	\$0.00	
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.				
8	Bb. Interest and dividends	8b.	\$0.00	\$0.00	
8	3c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00	\$0.00	
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				
1	Bd. Unemployment compensation	8d.	\$0.00	\$0.00	
8	Be. Social Security	8e.	\$0.00	\$0.00	
•	Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			****	
	Specify:	8f.	\$0.00	\$0.00	
	8g. Pension or retirement income	8g.	\$0.00	\$0.00	
,	Sh. Other monthly income. Specify:	8h. 4	\$0.00	\$0.00	
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00	\$0.00	
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$3,437.00	+ \$1,767.00	\$5,204.00
ı	State all other regular contributions to the expenses that you list in S nclude contributions from an unmarried partner, members of your housel riends or relatives.			r roommates, and othe	er
I	Oo not include any amounts already included in lines 2-10 or amounts that	it are n	not available to pay e	expenses listed in Sch	edule J.
;	Specify:			11	\$0.00
	Add the amount in the last column of line 10 to the amount in line 11. ncome. Write that amount on the Summary of Your Assets and Liabilities				\$5,204.00
	f it applies.	, and (ooraan olalisiloai IIII	omiduon,	Combined monthly income
13. I	Do you expect an increase or decrease within the year after you file t	his fo	rm?		
	No. See continuation sheet. ✓ Yes. Explain:				

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Debtor 1	Lonnie James Gilbert		
Debtor 2	Heidi Marie Gilbert	Case number (if known)	

13. Expected increase or decrease within the year after you file this form:

Debtor 1 is laid off in the winters. He typically receives about \$10,000 a year in unemployment and \$55,000 working the rest of the year. Debtor expects to make less in wages this year due to the long winter. The amount listed in Schedule I is based on the amount of wages and unemployment Debtor received in 2017.

Official Form 106I Schedule I: Your Income page 3

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F	ill in this infor	mation to ide	entify y	our case:			Cho	ck if this	vie	
	Debtor 1	Lonnie		James	Gilber	rt			ended filing	
		First Name		Middle Name	Last Na		18		lement showing	postpetition
	Debtor 2	Heidi		Marie	Gilber	·t	-		r 13 expenses a	s of the
	(Spouse, if filing)	First Name		Middle Name	Last Na			followir	ng date:	
	United States Bank	cruptcy Court for	the: <u>D</u>	ISTRICT OF M	MINNESOT	Α		MM / D	D / YYYY	<u> </u>
	Case number (if known)									
<u>O</u> 1	ficial Form 1	<u>06J</u>								
Sc	chedule J: Y	our Expen	ses							12/15
cor	rect information. ne and case numb	If more space i per (if known).	s neede Answer	d, attach anothe every question	er sheet to t	ing together, both a his form. On the to				
		ribe Your Ho	useno	la						
1.	Is this a joint cas	se?								
2.	No	Debtor 2 live in o es. Debtor 2 mu		ate household?		s for Separate House	hold o	f Debtor	2.	
	Do not list Debtor 1 and	Ye:	_		Dependent's relationship to Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?		
	Debtor 2.					Son			6	□ No - ☑ Yes
	Do not state the onames.	dependents'				Son			4	□ No - ☑ Yes
										□ No - ☑ Yes
										□ No - □ Yes
										□ No
										Yes
3.	Do your expense expenses of peo yourself and you	ple other than	Ē	No Yes						
P	art 2: Estim	ate Your On	going	Monthly Exp	enses					
to ı		s of a date after	r the bar		-	re using this form a supplemental Sche			•	
	lude expenses pai ch assistance and		_		-	know the value of cial Form 106l.)			Your expens	ses
4.	The rental or ho							•	4.	\$915.00
	If not included in		y		·					
	4a. Real estate	taxes							4a	
	4b. Property, ho	meowner's, or re	enter's in	surance					4b	
	4c. Home maint	enance, repair,	and upke	eep expenses					4c	\$50.00
	4d. Homeowner	's association or	condom	inium dues					4d.	

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	btor 1 Lonnie James Gilbert btor 2 Heidi Marie Gilbert	Case n	number (if known)	
			Your expe	nses
5.	Additional mortgage payments for your residence, suc	ch as home equity loans	5	
6.	Utilities:			
	6a. Electricity, heat, natural gas		6a.	\$270.00
	6b. Water, sewer, garbage collection		6b	\$30.00
	6c. Telephone, cell phone, Internet, satellite, and cable services		6c	\$325.00
	6d. Other. Specify:		6d	
7.	Food and housekeeping supplies		7.	\$1,165.00
8.	Childcare and children's education costs		8	
9.	Clothing, laundry, and dry cleaning		9.	\$250.00
10.	Personal care products and services		10.	\$65.00
11.	Medical and dental expenses		11	\$120.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.		12.	\$385.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books		13.	\$100.00
14.	Charitable contributions and religious donations		14.	
15.	Insurance. Do not include insurance deducted from your pay or inclu	ded in lines 4 or 20.		
	15a. Life insurance		15a.	
	15b. Health insurance		15b.	
	15c. Vehicle insurance		15c.	\$200.00
	15d. Other insurance. Specify:		15d.	
16.	Taxes. Do not include taxes deducted from your pay or Specify:		16.	
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1 Lease Payment		17a.	\$460.00
	17b. Car payments for Vehicle 2 Vehicle Payment		17b.	\$245.00
			 17c	\$336.00
	17d. Other. Specify:			
18.	Your payments of alimony, maintenance, and support deducted from your pay on line 5, Schedule I, Your Inc	that you did not report as	40	
19.	Other payments you make to support others who do r Specify:		19.	

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Debtor 1 Debtor 2		Lonnie James Gilbert Heidi Marie Gilbert	Case number (if known)					
20.		real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.						
	20a.	Mortgages on other property	20a.					
	20b.	Real estate taxes	20b.					
	20c.	Property, homeowner's, or renter's insurance	20c.					
	20d.	Maintenance, repair, and upkeep expenses	20d.					
	20e.	Homeowner's association or condominium dues	20e.					
21.	Other	Specify: See continuation sheet	21.	\$288.00				
22.	Calcu	late your monthly expenses.	-					
	22a.	Add lines 4 through 21.	22a.	\$5,204.00				
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.					
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$5,204.00				
23.	Calcu	late your monthly net income.						
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$5,204.00				
	23b.	Copy your monthly expenses from line 22c above.	23b. -	\$5,204.00				
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	\$0.00				
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you	file this form?					
		kample, do you expect to finish paying for your car loan within the year or do you elent to increase or decrease because of a modification to the terms of your mortgage	, , ,					
	□ No							
	√ \	Yes. Explain here: Debtor's are expecting a baby in September 2018.						

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Debtor 1 Debtor 2	Lonnie James Gilbert Heidi Marie Gilbert	Case number (if know	n)
	: Specify: ers/Formula		\$100.00
Pet C			\$100.00
Posta	age		\$17.00
Toba	cco & Cigarettes		\$71.00
		Total:	\$288.00

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Fill in this in	formation to i	dentify your case	:			
Debtor 1	Lonnie	James	Gilbert			
	First Name	Middle Name	Last Name			
Debtor 2	Heidi	Marie	Gilbert			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: DISTRICT OF MINNESOTA						
Case number (if known)				☐ Check	if this	
(II KIIOWII)				amend	ed filir	

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Р	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	. \$200,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$17,284.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$217,284.00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$125,930.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$95,036.00
	Your total liabilities	\$220,966.00
Р	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$5,204.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$5,204.00

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Debtor 1 Debtor 2		Lonnie James Gilbert Heidi Marie Gilbert	Case number (if known)		
P	art 4:	Answer These Questions for Administrative and Statist	tical Records	_	
6.	Are yo	u filing for bankruptcy under Chapters 7, 11, or 13?			
	□ No	 You have nothing to report on this part of the form. Check this box and ses 	submit this form to the court with your other schedules.		
7.	What k	ind of debt do you have?			
	ت ا	our debts are primarily consumer debts. Consumer debts are those "incimily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for stat			
		our debts are not primarily consumer debts. You have nothing to report s form to the court with your other schedules.	on this part of the form. Check this box and submit		
8.		he Statement of Your Current Monthly Income: Copy your total current n Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	f 4 725 24		
9.	Copy t	he following special categories of claims from Part 4, line 6 of Schedul	le E/F:		
			Total claim		

	i otai ciaiiii
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$32,693.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00
9g. Total. Add lines 9a through 9f.	\$32,693.00

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Fill in this information to identify your case:							
Debtor 1	Lonnie First Name	James Middle Name	Gilbert Last Name				
Debtor 2	Heidi	Marie	Gilbert				
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bar	United States Bankruptcy Court for the: DISTRICT OF MINNESOTA						
Case number					Check if this is an		
(if known)					amended filing		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below		
Did you pay or agree to pay someone who	is NOT an attorney to help you fill out banl	kruptcy forms?
☑ No		
Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I ha	ve read the summary and schedules filed y	with this declaration and that they are
true and correct.	ve read the summary and schedules med t	with this declaration and that they are
V	W	
X /s/ Lonnie James Gilbert	X /s/ Heidi Marie Gilbert	
Lonnie James Gilbert, Debtor 1	Heidi Marie Gilbert, Debtor 2	
Date <u>07/16/2018</u>	Date <u>07/16/2018</u>	
MM / DD / YYYY	MM / DD / YYYY	

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1 5	ill in this inf	ormation to i	identify your case			
	ebtor 1	Lonnie First Name	James Middle Name	Gilbert Last Name		
	ebtor 2 Spouse, if filing)	Heidi First Name	Marie Middle Name	Gilbert Last Name		
U	nited States Ba	nkruptcy Court fo	or the: DISTRICT OF	MINNESOTA		
_	ase number f known)				☐ Check if this is an amended filing	
_	ficial Form		I Affairs for Ind	ividuals Filing fo	or Bankruptcy	04/16
cor you	rect information rect information rectangler rectangler rectangler rectangler rectangler rectangler rectangler	on. If more spac use number (if k	ce is needed, attach a nown). Answer every	separate sheet to this fo	ther, both are equally responsible for supplying rm. On the top of any additional pages, write	
1.		current marital		natus and where re	u Liveu Belore	
2.	☑ No	• ,		ears. Do not include whe		
3.	(Community p		•	• .	in a community property state or territory? ouisiana, Nevada, New Mexico, Puerto Rico, Texas,	

Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

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	tor 1 Lonnie James Gilbert tor 2 Heidi Marie Gilbert Case			Case nur	mber (if known)		
P	art 2:	Explain the Sources of	our Income				
4.	 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. 						
	_	s. Fill in the details.					
			Debtor 1		Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions	
		ary 1 of the current year until u filed for bankruptcy:	Wages, commissions, bonuses, tips		☐ Wages, commissions, bonuses, tips		
			Operating a business		Operating a business		
		calendar year:	✓ Wages, commissions, bonuses, tips	\$53,867.00	₩ Wages, commissions, bonuses, tips	\$21,350.00	
(Jar	nuary 1 t	o December 31, <u>2017</u>)	Operating a business		Operating a business		
		endar year before that:		\$58,817.00	₩ Wages, commissions, bonuses, tips	\$0.00	
(Jar	nuary 1 t	o December 31, <u>2016</u>)	Operating a business		Operating a business		
5.	Include unemp	u receive any other income during income regardless of whether that loyment; and other public benefit publing and lottery winnings. If you 1.	t income is taxable. Examplayments; pensions; rental ir	les of other income are ncome; interest; dividen	ds; money collected from la	awsuits; royalties;	
	List ea	ch source and the gross income fro	om each source separately.	Do not include income	that you listed in line 4.		
	□ No ☑ Ye	s. Fill in the details.					
			Debtor 1		Debtor 2		
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions	
		ary 1 of the current year until u filed for bankruptcy:					
		calendar year: o December 31, _2017)	Unemployment	\$11,334.00			
For	the cale	YYYYY endar year before that:	Unemployment	\$9,255.00			
		o December 31, 2016)					

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		Lonnie James Gilbert Heidi Marie Gilbert Case number (if known)
P	art 3:	List Certain Payments You Made Before You Filed for Bankruptcy
6.	Are eith	er Debtor 1's or Debtor 2's debts primarily consumer debts?
	□ No.	Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
		During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?
		□ No. Go to line 7.
		Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.
		* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.
	√ Yes	Debtor 1 or Debtor 2 or both have primarily consumer debts.
		During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?
		No. Go to line 7.
		Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.
7.	Insiders corporat agent, ir	year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; ions of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations child support and alimony.
	✓ No ☐ Yes	. List all payments to an insider.
8.		year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that dan insider?
	Include	payments on debts guaranteed or cosigned by an insider.
	✓ No ☐ Yes	. List all payments that benefited an insider.

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	tor 1 tor 2	Lonnie James Gilbert Heidi Marie Gilbert	t		_ Case number	(if known) _			
P	art 4:	Identify Legal Act	ions, Repossessions,	and Foreclo	sures				
9.	List all s modifica	•	or bankruptcy, were you a personal injury cases, small clates.				•	-	ustody
Cas	e title		Nature of the case		Court or agency		Statu	s of	the case
Acc	ounts F	Receivables	Conciliation		Isanti County				Donding
Ser	vices v	s Heidi M Gilbert			Court Name				Pending
					Number Street				On appeal
Cas	e numbe	30-CO-18-149			Number Street			П	Concluded
			=					_	
					City	State	ZIP Code		
	Within 9 amount No Yes Within 1	s from your accounts or Fill in the details. year before you filed for, a court-appointed reco	elow. for bankruptcy, did any cre r refuse to make a payment or bankruptcy, was any of y ceiver, a custodian, or anot	t because you o	wed a debt?		•	t of	
P	art 5:	1	and Contributions						
		years before you filed	for bankruptcy, did you giv	e any gifts with	a total value of m	ore than \$60	0 per person?		-
	✓ No ☐ Yes	. Fill in the details for ead						600	
	✓ No ☐ Yes	. Fill in the details for eac	ch gift or contribution.						

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Debtor 1 Lonnie James Gilbert Debtor 2 Heidi Marie Gilbert			Case number (if k	nown)			
P	art 6:	List Certain Lo	osses				
15.		1 year before you fil isaster, or gambling	-	otcy or since you filed for bank	ruptcy, did you lose any	thing because of the	eft, fire,
	✓ No ☐ Yes	s. Fill in the details.					
P	art 7:	List Certain Pa	ayments or	Transfers			
16.	anyone Include	you consulted abo	Amount of certains. Description and value of any property transferred by payment. #Not You fore you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to suited about seeking bankruptcy or preparing a bankruptcy petition? Description and value of any property transferred by State ZIP Code MN 55409 State ZIP Code Description and value of any property transferred by payment and the payment or transfer that you listed on line 16. The details. Description and value of any property transferred by payment and the payment or transfer was payment or transfer that you listed on line 16. The details of the pour flied for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to mised to help you deal with your creditors or to make payments to your creditors? The details of the pour flied for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than rred in the ordinary course of your business or financial affairs? By transfers and transfers made as security (such as granting of a security interest or mortgage on your property). The details of the details of the property transferred property transferred as property or payments and transfers that you have already listed on this statement. Description and value of any property or payments received or debts paid in exchange and the exchange property transferred and the property transferre				
		Valker Law Offices	s, PLLC	Description and value of any	property transferred	or transfer was	
435 Num		let Ave So eet					\$1,714.00
City	neapoli	State					
Ema	il or websit	e address					
17.	Within anyone Do not i No Yes Within apropert	who promised to he noted any payment so Fill in the details. 2 years before you for y transferred in the both outright transfer	led for bankruj elp you deal w or transfer that filed for bankru ordinary cour rs and transfers	you listed on line 16. uptcy, did you sell, trade, or oth se of your business or financia made as security (such as grant	nerwise transfer any pro I affairs? ing of a security interest of	rs? perty to anyone, oth	ner than
	□ No ☑ Yes	s. Fill in the details.					
Pers		eceived Transfer		property transferred	received or deb		was made
Num	iber Str		710 0 - 4				
City Per:	son's rela	State ationship to you Frie l					

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Debtor 1 Debtor 2	Lonnie James Gilbert Heidi Marie Gilbert		Case number (if	known)	
		Description and value of a property transferred 2001 Jeep Cherokee	•		
Number S	Street	_ _			
City Person's re	State ZIP Code	_ P			
19. Withir you a	n 10 years before you filed for ban re a beneficiary? (These are ofte o es. Fill in the details.		es.)		e of which
Includ house	e checking, savings, money market, s, pension funds, cooperatives, asso	or other financial accounts; ce		s in banks, credit unions Date account was closed,	s, brokerage Last balance before closing
	_	_		sold, moved, or transferred	or transfer
		_ xxxx	Checking Savings Money market Brokerage Other		\$45.00
Debtor 2 Heidi Marie Gilbert	sitory				
☑ N	0	ınit or place other than your l	home within 1 year before	you filed for bankrup	tcy?

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Debtor 1 Lonnie James Gilbert Heidi Marie Gilbert		Case number (if known)				
Ρ	art 9:	Identify Property You	Hold or Contro	ol for Someone Else		
23.	-	hold or control any property in trust for someone.	that someone else	e owns? Include any pr	operty you borrowed from, are storin	g for,
	□ No ✓ Yes	s. Fill in the details.				
			Where is the pro	perty?	Describe the property	Value
_	f & Faye ner's Name	e Mickelson	-		1997 Honda 80u (old dirt bike)	
Num	nber Str	eet	Debtors' Prope Number Street	erty	-	
City		State ZIP Code	City	State ZIP Code	_	
Р	art 10:	Give Details About Er	vironmental In	formation		
For	the purp	oose of Part 10, the following	definitions apply:			
I	hazardoι	-	s, or material into t	he air, land, soil, surfac	erning pollution, contamination, relea e water, groundwater, or other mediu vastes, or material.	
		ns any location, facility, or p or used to own, operate, or u		•	al law, whether you now own, operat	e, or
		us <i>material</i> means anything a e, hazardous material, pollut			ous waste, hazardous substance, toxi	ic
Rep	oort all ne	otices, releases, and proceed	lings that you know	w about, regardless of w	hen they occurred.	
24.	Has any law?	y governmental unit notified	you that you may I	pe liable or potentially lia	able under or in violation of an enviro	nmental
	✓ No	s. Fill in the details.				
25.	•	ou notified any governmental	unit of any releas	e of hazardous material	?	
	✓ No ☐ Yes	s. Fill in the details.				
26.	Have you	ou been a party in any judicia	al or administrative	proceeding under any	environmental law? Include settleme	ents and
	✓ No ☐ Yes	. Fill in the details.				

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Debtor 1 Lonnie James Gilbert Debtor 2 Heidi Marie Gilbert				Case number (if known)
Р	art 11:	Give Details About Your Business	or Connections to A	ny Business
27.	Within 4	4 years before you filed for bankruptcy, did ss?	you own a business or hav	ve any of the following connections to any
		A member of a limited liability company (LLC	or limited liability partnersh a corporation	
		None of the above applies. Go to Part 12. s. Check all that apply above and fill in the deta	ails below for each business	
28.		2 years before you filed for bankruptcy, did nicial institutions, creditors, or other parties.	you give a financial statem	ent to anyone about your business? Include
	□ No □ Yes	s. Fill in the details below.		
Ρ	art 12:	Sign Below		
that pro	answer	the answers on this Statement of Financial Assare true and correct. I understand that ma fraud in connection with a bankruptcy case U.S.C. §§ 152, 1341, 1519, and 3571.	king a false statement, cor	
-			/s/ Heidi Marie Gilbert	
ı		ames Gilbert, Debtor 1	Heidi Marie Gilbert, Debtor	2
ı	Date	07/16/2018	Date	
Did	you atta	ch additional pages to Your Statement of Fil	nancial Affairs for Individu	als Filing for Bankruptcy (Official Form 107)?
☑	No Yes			
Did	you pay	or agree to pay someone who is not an atto	orney to help you fill out ba	nkruptcy forms?
		me of person		Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inf	ormation to i	dentify your case		
Debtor 1	Lonnie First Name	James Middle Name	Gilbert Last Name	
Dobtor 2	Heidi	Marie	Gilbert	
Debtor 2 (Spouse, if filing)		Middle Name	Last Name	
United States Bar	nkruptcy Court fo	or the: DISTRICT OF	MINNESOTA	
Case number				
(if known)				

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1.	For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D),
	fill in the information below.

Identify the creditor and the property that is collateral		What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?	
Creditor's name:	Carrington Mortgage Services	Surrender the property. Retain the property and redeem it.	□ No □ Yes	
Description of property securing debt:	27731 Silverod St	Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:		
Creditor's name:	Minnco Credit Union	Surrender the property. Retain the property and redeem it.	□ No □ Yes	
Description of property securing debt:	2007 Ford F150 (approx. 137000 miles)	Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:		

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Debtor 1 Debtor 2			Case number (if known)
Part 2	2: List Your Unexpired Per	List Your Unexpired Personal Property Leases prired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), mation below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not but may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). To your unexpired personal property leases Will this lease be assumed? Will this lease be assumed? In No Yes Sign Below Sign Below alty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and property that is subject to an unexpired lease. By James Gilbert Heidi Marie Gilbert Heidi Marie Gilbert Heidi Marie Gilbert Heidi Marie Gilbert, Debtor 2 Date 07/16/2018	
fill in the	e information below. Do not list real	estate leases. Unexpired leas	es are leases that are still in effect; the lease period has not
Des	scribe your unexpired personal prop	erty leases	Will this lease be assumed?
Des	scription of leased Leased 2016 Raperty:		.
		•	out any property of my estate that secures a debt and
· · · · · · ·	onnie James Gilbert		
Lonn	,		
Dale	MM / DD / YYYY		

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA MINNEAPOLIS DIVISION

In re Lonnie James Gilbert

Heidi Marie Gilbert

Chapter 7

	Ond	<u> </u>
	DISCLOSURE OF COMPENSATION OF ATTORNEY	FOR DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorned that compensation paid to me within one year before the filing of the petition in bankrupt services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in is as follows:	cy, or agreed to be paid to me, for
	For legal services, I have agreed to accept	\$1,714.00
	Prior to the filing of this statement I have received	\$1,714.00
	Balance Due	\$0.00
2.	The source of the compensation paid to me was: ☑ Debtor ☐ Other (specify)	
3.	The source of compensation to be paid to me is:	
	☑ Debtor ☐ Other (specify)	
4.	✓ I have not agreed to share the above-disclosed compensation with any other personassociates of my law firm.	n unless they are members and
	☐ I have agreed to share the above-disclosed compensation with another person or passociates of my law firm. A copy of the agreement, together with a list of the name compensation, is attached.	
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspect	ts of the bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in dete bankruptcy;	rmining whether to file a petition in

- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

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B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/16/2018 /s/ Andrew C. Walker

Date Andrew C. Walker

Walker & Walker Law Offices, PLLC 4356 Nicollet Ave So Minneapolis, MN 55409

Phone: (612) 824-4357 / Fax: (612) 824-8005

Bar No. 0392525

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1st Financial Bank Correspondence Addr PO Box 1100 N Sioux City SD 57049 1100

Accounts Receiveable Services 6160 Summit Dr Suite 420 Minneapolis MN 55430

Allina Health
P.O. Box 77008
Minneapolis, MN 55480-7708

Amazon/Synchrony Bank Attn Bankrutpcy Dept PO Box 103104 Roswell GA 30076

Ashley Furniture/Synchrony PO Box 965061 Orlando FL 32896-5061

Best Buy Credit Services PO Box 790441 St Louis MO 63179 0441

Capital One Bankruptcy PO Box 30285 Salt Lake City UT 84130 3285

Carecredit 2995 Red Hill Avenue Costa Mesa, CA 92626-5984

Carrington Mortgage Services PO Box 3489 Anaheim, CA 92803 Chase PO Box 15298 Wilmington DE 19850 5123

Children's Hospitals and Clinics 2550 University Avenue West 143N St Paul MN 55114

Citi Cards PO Box 6097 Sioux Falls, SD 57117

Eppa 5435 Feltl Road Minnetonka, MN 55343

Fairview Health Services PO Box 9372 Minneapolis MN 55440

FedLoan Servicing PO Box 69184 Harrisburg PA 17106

Gordon U Fredeen DDS 401 Dual Blvd E PO Box 310 Isanti, MN 55040

Home Depot Credit Services P O Box 790328 St. Louis, MO 63179

Kohl's PO Box 3043 Milwaukee WI 53201 3043 Minnco Credit Union 235 W First Avenue Cambridge MN 55008

Old Navy/SYNCB PO Box 530993 Atlanta, GA 30353-0993

Reliance Recoveries PO Box 29227 Minneapolis, MN 55429

RevSolve Inc MSC #600 PO Box 52163 Phoenix, AZ 85072

Riverview Law Office PLLC 225 N. Benton DR, Ste 209 PO Box 570 Sauk Rapids, MN 56379

Suburban Radiologic Consultants 4801 W 81st Street Ste 108 Minneapolis MN 55437-1191

Synchrony Bank PO Box 965061 Orlando FL 32896-5061

Target Card Services P.O. Box 660170 Dallas, TX 75266

US Bank Auto loan PO Box 2188 Oshkosh WI 54903

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Venus PO Box 659450 San Antonio, TX 78265 9450

Walmart Credit Card/Synchrony Bank Attn Bankruptcy Dept PO Box 965060 Orlando, FL 32896

Wells Fargo Card Services PO Box 10347 Des Moines IA 50306 0347

Wells Fargo Educational Services PO Box 5185 Sioux Falls SD 57117-5185

Yamaha Financing/GE Capital Retail Bank PO Box 6153 Rapid City SD 57709 6153

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Fill in this inf	ormation to	identify your case	:		box only as direction by the box of			
Debtor 1	Lonnie	James	Gilbert	_				
	First Name	Middle Name	Last Name	1. There is	no presumption of abus	€.		
Debtor 2 Spouse, if filing)	Heidi First Name	Marie Middle Name	Gilbert Last Name		ulation to determine if a			
opouse, ii iiiiig)	i iiot i vaino	Wildale Harrie	Eddi Name		applies will be made un est Calculation (Official			
Inited States Bar	nkruptcy Court for	or the: DISTRICT OF	MINNESOTA		ns Test does not apply i			
Case number					ed military service but it			
if known)				later.				
				☐ Check if the	nis is an amended filing			
<i></i> =				_	_			
fficial Form	122A-1							
hapter 7 St	tatement o	of Your Current	: Monthly Income			12		
litary service, c 2A-1Supp) with	omplete and file this form.		ou do not have primarily con tion from Presumption of Al					
What is your	marital and filir	ng status? Check one of	only.					
☐ Not marr	ried. Fill out Col	umn A, lines 2-11.						
✓ Married	Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.							
☐ Married	and your spous	se is NOT filing with yo	ou. You and your spouse ar	e:				
Livi	ng in the same	household and are no	ot legally separated. Fill out b	ooth Columns A and	I B, lines 2-11.			
☐ Livi	ng separately o	or are legally separated	d. Fill out Column A, lines 2-1	1; do not fill out Col	lumn B. By checking thi	is box, you		
			nd your spouse are legally sep s that do not include evading					
bankruptcy c August 31. If in the result. I	ase. 11 U.S.C. the amount of you not include a	§ 101(10A). For exampour monthly income varue income amount more	red from all sources, derived ple, if you are filing on Septen ried during the 6 months, add e than once. For example, if I have nothing to report for any	nber 15, the 6-mont the income for all 6 both spouses own t	h period would be March months and divide the the he same rental property	h 1 through otal by 6. F		
				Column A	Column B			
				Debtor 1	Debtor 2 or			
					non-filing spouse			
_	rages, salary, tiporoll deductions).	ps, bonuses, overtime	, and commissions	\$2,165.17	<u>\$1,979.17</u>			
Alimony and if Column B is	•	ayments. Do not includ	de payments from a spouse	\$0.00	\$0.00			
expenses of y regular contrib your depende	you or your depoutions from an unters, parents, and	d roommates. Include r		\$0.00	\$0.00			

on line 3.

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	tor 1 tor 2	Lonnie James Gilbert Heidi Marie Gilbert			c	ase number (if k	nown)	
						Column A Debtor 1	Column B Debtor 2 or non-filing spous	e
5.	Net inc	come from operating a busine	ess, profession, o	r farm				
			Debtor 1	Debtor 2				
	Gross i	receipts (before all ions)	\$0.00	\$0.00				
	Ordinal expens	ry and necessary operating — ees	\$0.00	\$0.00	Сору			
		onthly income from a business, sion, or farm	\$0.00	\$0.00	here →	\$0.00	\$0.00	
6.	Net inc	come from rental and other re	al property					
			Debtor 1	Debtor 2				
	Gross i	receipts (before all ions)	\$0.00	\$0.00				
	Ordinal expens	ry and necessary operating — ses	\$0.00	\$0.00	Сору			
		onthly income from rental or eal property	\$0.00	\$0.00	here →	\$0.00	\$0.00	
7.	Interes	et, dividends, and royalties				\$0.00	\$0.00	
8.	Unemp	oloyment compensation				\$581.00	\$0.00	
		enter the amount if you conten under the Social Security Act.						
	For	you		\$0.0	00			
	For	your spouse		50.0	00_			
9.		on or retirement income. Do repending under the Social Securit		ount received that		\$0.00	\$0.00	
10.	D. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.				ct ,			
11.	Calcula	mounts from separate pages, it	/ income.		+		+	
	Add lin	es 2 through 10 for each colum dd the total for Column A to the	ın.	3.		\$2,746.17	+ \$1,979.17	= \$4,725.34 Total current monthly income

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Debtor 1 Debtor 2		Lonnie James Gilbert Heidi Marie Gilbert		Case number (if known)			
P	art 2:	Determine Whether the Means T	est Applies to You				
12.	Calcu	late your current monthly income for the ye	ear. Follow these steps:				
	12a.	Copy your total current monthly income from	line 11	Copy line 11 here > 12a. \$4,725.34			
		Multiply by 12 (the number of months in a year	X 12				
	12b.	The result is your annual income for this part	12b. \$56,704.08				
13.	3. Calculate the median family income that applies to you. Follow these steps:						
	Fill in	the state in which you live.	Minnesota				
	Fill in	the number of people in your household.	4				
Fill in the median family income for your state and size of household							
		To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.					
14.	How	do the lines compare?					
	14a.	Line 12b is less than or equal to line 13. Go to Part 3.	On the top of page 1, check b	oox 1, There is no presumption of abuse.			
	14b.						
P	art 3:	Sign Below					
	By s	igning here, I declare under penalty of perjury	that the information on this sta	stement and in any attachments is true and correct.			
No. (al.) comis lamas Cillant							
		s/ Lonnie James Gilbert .onnie James Gilbert, Debtor 1		eidi Marie Gilbert Marie Gilbert, Debtor 2			
	С	Date 7/16/2018 MM / DD / YYYY	Date	7/16/2018 MM / DD / YYYY			

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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Local Form 1007-1 REVISED 06/16

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

In re	ames Gilbert		
	rie Gilbert	Case No.	
	Debtor(s).		
	DISCLOSURE OF CO	MPENSATION OF ATTORNEY FOR DEBTOR	
the above petition in	-named debtor(s) and that co bankruptcy, or agreed to be	and Fed. Bankr. P. 2016(b), I certify that I am the attorney for impensation paid to me within one year before the filing of the paid to me, for services rendered or to be rendered on behalf in connection with the bankruptcy case is as follows:)
For legal	services, I have agreed to ac	cept:	
Prior to th	ne filing of this statement I have	ve received:	
Balance I	Oue		
2. Th	ne source of the compensatio	n paid to me was:	
5	Debtor Dothe	er (specify)	
3. Th	ne source of compensation to	be paid to me is:	
5	Debtor Dothe	er (specify)	
4.	- Thave not agreed to one	are the above-disclosed compensation with any other person cassociates of my law firm.	unless
	who are not members of	he above-disclosed compensation with another person or person associates of my law firm. A copy of the agreement, togethe of the people or entities sharing in the compensation, is	

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Local Form 1007-1 REVISED 06/16

- 5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - B. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - D. Representation of the debtor in contested bankruptcy matters; and
 - E. Other services reasonably necessary to represent the debtor(s).
- 6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

CERTIFICATION

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Date: <u>July 16, 2018</u>	Signature of Attorney
	/s/ Andrew C. Walker